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## Metaphorically Speaking

Lauren Lippert

*\*Trigger warning: the following paper contains detailed accounts of rape and sexual assault. If these topics are sensitive to you, please proceed with caution.\**

December 23rd, 2016

Before I even went to Dylan's house, I laid down the law about what we could and could not do – anything but sex was okay. Apparently, he forgot this, because after I got there he asked me again. I originally told him no, then went back to kissing him. He kept asking, I kept saying no, but he was persistent. He told me to “stop being a pussy” and to “stop being a bitch,” so I reluctantly complied. I told him he could but only if he wore a condom (he didn't want to, but I made him. I'm surprised he didn't fight me more on that, actually). But I changed my mind right after. I told him to stop. Said I didn't want to do it anymore or go any further because it hurt. I had changed my mind, but he didn't care. “Lauren don't be such a bitch,” he told me. I told him I didn't care if I was and that I wanted to stop because it hurt. “Just trust me.” I became silent. He tried again, and by this time I was on the verge of tears. I didn't want to do it anymore. It hurt, and I didn't want to. I said ow, said to stop, but all I got was “it will hurt for the first three seconds and then it will feel better. Just trust me, don't you trust me?” I just shut my mouth, held my breath, and waited. It hurt so badly, and I didn't want it anymore. But I found myself to be trapped in silence.

January 3rd, 2017

I felt so sick. I wasn't thinking clearly at all. I couldn't focus on anything, and I was an absolute mess. I locked myself in my room for an hour or two, and everything that happened the rest of that night is pretty hazy. I remember trying to make myself throw up, laying on the diagnosed with PTSD; triggers are unique and specific to each person (NIMH). Although this explanation is the general definition and overview of PTSD, this paper focuses on PTSD from sexual abuse. The symptoms are very similar, if not identical, to the summary provided above. Because of its confusing, convoluted nature, PTSD is a disorder that is not easily understood. It

is a disorder of multiple causes, but other than an imbalance in neurotransmitters, it is not known why PTSD occurs in some people but not others. There are speculations yet no solid, backed studies or experiments to explain the nature of PTSD.

The topics of rape and sexual abuse are often discussed, whether in the news, in day-to-day life, or in classroom discussions. However, the aftermath and complications from said topics are not considered as often in these commonplace settings. To combat this, Carrie Arnold, a writer for Women's Health Magazine conducted a case study titled "Life After Rape: The Sexual Assault Issue No One's Talking About." In this article, Arnold examines a woman named Lucy, a vocalist who one day found herself unable to sing. Devastated and beside herself, Lucy began to conduct her own research and stumbled across a story of "two women who had [literally] lost their voices after being raped". Lucy recalled how she had been raped at college ten years prior to this incident and realized her mental health was now affecting her physical health, which is a common symptom of PTSD. This is due to the fact that rape is about gaining power over another individual, but sex is about "pleasure and connection" – when someone is raped, their intimacy is violated, causing that person to lose trust in people, relationships, and situations.

Per usual, though, there is a silver lining: many women have said, "speaking out about rape, privately or publicly, lessens PTSD, even years later," proving there is hope and healing for victims. On the topic of sexual assault and the violation of intimacy, Arnold states, "Violating that intimacy can shatter a victim's trust in all relationships". A sexual assault cannot literally shatter trust because trust is an abstract concept, not a physical object. However, the use of the word "shatter" allows the reader to better grasp the sudden, debilitating effects PTSD has on the sufferer and the people around him/her. Furthermore, Arnold says, "About 30 percent of survivors will sink into depression or numb their pain with booze and drugs". A person can only figuratively "sink into depression or numb their pain with booze and drugs".

Depression and pain are, again, abstract emotions, not objects that can be seen or touched. The use of the words "sink" and "numb" allows the reader to better grasp why a person with PTSD might be feeling this way, but also discounts the actual severity of these issues. Depression is difficult to overcome, and so are drug and alcohol addictions. When one

“sinks” into depression, he/she might not be able to come back from it. Alcohol and drugs do not actually take the pain of an assault away for good; the effects are temporary and extremely short-lived. Thus, the use of these two metaphors downplays the gravity of these two aspects PTSD sufferers often live with. Further supporting the idea that PTSD can also affect physical health, not just mental health, is the heightened pain perception in PTSD sufferers. Bethany Ashby D., PsyD, and Kaul Paritosh, MD, researched and wrote an entry for the *Journal of Pediatric and Adolescent Gynecology* discussing the effects of PTSD from sexual abuse in adolescent girls. They found these adolescent girls to have reproductive health problems, dysmenorrhea (painful periods), pelvic pain and dysfunction, headaches, dyspareunia (pain with sexual intercourse), and increased muscle pain.

Furthermore, “Adolescents with histories of sexual abuse and subsequent PTSD are much more likely to engage in high-risk sexual behaviors,” increasing their risks for sexually transmitted diseases (STDs), early pregnancy, and pregnancy complications. A sexual assault victim’s choice to engage in these high-risk behaviors largely deals with the means of using sexuality as a form of control over their own bodies because this control was taken away from them when they were assaulted. A large majority of victims also feel as if they have lost connection with their bodies, so they are more willing to engage in reckless and indiscriminate sexual behavior. At first glance, these sentences and analyses seem to be in-depth, scientific explanations of PTSD and its effects.

However, even the most scientific of sources contains upfront metaphors, even if by accident. The idea that a sexual assault takes control away from the victim is one such metaphor. This is not to say that rape is not about power and control, but rather that the assault itself is not the aspect that took the control away: the rapist did. By calling the criminals and perpetrators out in this way, victims and survivors will feel validated and believed, allowing them to begin or further their healing processes. Another metaphor, this one more obvious, occurs when the authors state how adolescent girls diagnosed with PTSD from sexual abuse feel disconnected from their bodies, causing them to participate in reckless activities (especially those of sexual nature) they wouldn’t normally engage in. The victims aren’t actually not “inside” their bodies after they are raped or sexually abused, but they do feel as though their body does not belong to them anymore. As far as they’re concerned, because their rapist already took the most intimate

piece of them, their body is now the rapist's. However, these metaphors are not exactly detrimental to the understanding (or lack thereof) of PTSD. Subtle, explanatory metaphors are necessary for victims and healthcare providers to understand what exactly is going on inside their minds and why certain feelings or behaviors may emerge. However, if the general public were to use scientific, metaphorical accounts like the ones included in this article, the credibility and usefulness of these metaphors would be diminished. Not only does the general public likely not know the intricacies and workings of PTSD, but they have also likely not experienced it first-hand. Someone using metaphors to describe a disorder they know little about can be damaging and belittling to those who actually suffer from it.

Once, a friend of mine claimed to suddenly have developed PTSD from a harrowing scene she witnessed. While driving down I-75 in southwest Florida, she noticed a large truck carrying many slaughtered chickens. It is probably appropriate to mention that she was newly vegetarian and believed she had to despise every aspect of ranch farming and the slaughtering of animals for consumption. Once she was able, she texted in our group chat, exclaiming, "OMG GUYS I HAVE PTSD. I JUST SAW A TRUCK CARRYING DEAD CHICKENS AND I'M SOBBING. I SWEAR I'M GONNA HAVE PTSD!" Now, although this incident could be quite traumatic, it does not constitute for the development of PTSD, nor did she ever even display symptoms of the disorder after this exposure. The constant use of PTSD to refer to mildly disturbing incidents like these largely diminishes and discounts those who actually suffer from the disorder due to traumatic, life-threatening events, especially due to sexual abuse. In fact, although military veterans are the group that is most widely recognized as having PTSD, sexual abuse victims and survivors suffer from it at greater rates. While 10 to 20 percent of war veterans develop PTSD, around 70 percent of sexual assault victims will, which is "a larger percentage than for any other violent crime". This is not to invalidate war veterans and their struggles with PTSD, but rather to indicate a need for a shift of focus and an eradication of using PTSD as a metaphor for a heightened emotional response to a disturbing or emotional event or scene. In a situation like this, that friend could have said, "wow, that was a really sad and disturbing sight to see" instead of claiming she now has PTSD. It can almost be looked at in a "boy who cried wolf" situation: if people are constantly claiming to have PTSD

from miniscule events like this one, those who have experienced sexual trauma will not be taken as seriously nor get the much-needed help they require.

A dear friend of mine, Chessy Prout, wrote a book titled *I Have the Right To: A High School Survivor's Story of Sexual Assault, Justice, and Hope*. Working in collaboration with Boston Globe reporter Jenn Abelson, Prout recounted her sexual assault story and the devastating aftermath that followed. During her freshman year of high school at St. Paul's School (SPS), a boarding school in Concord, NH, Prout was raped by senior Owen Labrie. Sadly, events like this are not at all uncommon at SPS. Prout's assault was part of an awful, disgusting tradition titled the "Senior Salute." According to Prout, "The Senior Salute was a well-known ritual at St. Paul's, where sixth-formers [also known as seniors] tried to [hook up] with as many younger girls as possible before graduation". When Labrie first invited Prout to accompany him to a secret location on campus, she declined. But, after she learned her friends hadn't received a message from Labrie, she started to think that maybe it wasn't actually a Senior Salute invitation. Labrie began to guilt her into accepting his invite. Prout began to feel bad, suggesting that "Maybe [she'd] been too harsh" in her response. Owen's friend Owen MacIntyre (O. Mac) reached out to Prout, telling her to stop being a bitch and to just go spend time with Owen and see the view he described. In what Labrie described as "a golden change of heart," Prout retracted her initial decline and accepted his offer. Later that night, Labrie took Prout to the roof of one of the SPS buildings, but then said it was "soggy and gross" and led her back inside. He laid down a flannel blanket, ripped off Prout's clothes and removed his own, and began to kiss her. Despite her many verbal and non-verbal protests, Labrie stuck his fingers and tongue inside of her. Prout said she "couldn't feel [her] body anymore, so [she] shut her eyes" and focused on her surroundings; when she opened her eyes, she felt a pressure inside of her, but "realized that Owen's hands were planted next to her shoulders". Owen Labrie had just raped her. Although the focus of Prout's memoir is largely focused on the feelings and events, like court trials, that followed the assault, it is brimming with metaphors, especially when it comes to the topic of PTSD from sexual abuse. Chessy states, "I still dissociated, feeling evicted from my own body. Nausea greeted me each morning. Showering scared me. I hated being alone and having to touch my naked body". The use of the phrase "feeling evicted from my own body" and the

subsequent explanations of what that entails and feels like makes this metaphor extremely useful. Instead of just leaving the metaphor standing by itself, she explains it and provides supporting details.

Subsequently, Chessy describes what it's like dealing with the memories and flashbacks of her assault, explaining "Some days it's angry devils staging a riot on my rib cage, pricking me with their burning pitchforks. Other times, my assault is cold ice running through my veins, numbing me from head to toe so I can't feel my skin. On better days, [...] my assault is a beautiful gust of wind, lifting my heart and my mind to places they've never been". The juxtaposition of the variety of feelings the assault brings helps others to understand it's not always the same day by day. Chessy creates an appropriate balance between explanation and metaphor, making her use of metaphor effective and beneficial for those around her to understand what she felt and experienced. Because Prout has actually been diagnosed with PTSD, her use of metaphor is acceptable, due to her personal experiences and accounts of what it is like to live with the disorder. However, it becomes a problem when those who have never been diagnosed with PTSD utilize these metaphors. It is acceptable when doctors, psychologists, and psychiatrists explain PTSD with metaphor, but it is best to air on the side of caution because the chances that they themselves have suffered from PTSD are slim. It is much better to utilize simile, as opposed to metaphor, in cases like these because, as stated before, there is an immense difference in "it is" and "it is like."

Drawing from Sontag's thesis, which states metaphors should not be used to describe diseases of unknown causes nor to explain other circumstances of the world, I have concluded there should be limited use of metaphors to portray PTSD because of the sheer nature of the disorder. If we don't even know what actually causes PTSD, we cannot be expected to describe it exactly as it occurs, especially in metaphorical form. Sufferers feel discounted when those around them attempt to explain, often incorrectly, the feelings they experience. It is extremely frustrating, and I can attest to this, when someone tries to explain your own disorder to you. These explanations are usually with good intentions, but they have poor execution.

Sufferers of PTSD from sexual abuse have the most knowledge of the disorder, even more so than doctors and researchers who dedicate their lives to studying the disorder, because they live with it day after day. The only people who know what it means to live with PTSD from sexual abuse

can truly use metaphors to relay the workings of the disorder, but it is always best to limit the use of metaphor surrounding a disease, disorder, or illness of unknown or multiple causes. Because, in the words of Susan Sontag, “illness is not a metaphor”, and illnesses, diseases, and disorders should, in no way, be metaphorical in nature.